

# Assault Report Form

Doyle Administration Building  
545 West Dayton Street  
Madison WI 53703 663-1905

Name of Person Assaulted	School	Job Title	Incident Date

Student Name	Grade	<input type="checkbox"/> Yes <input type="checkbox"/> No Special Education

- Yes  No **Police were notified**  
 Yes  No **Injury sustained** →

If this assault caused any injury, complete an **Employee Report of Injury or Illness** and submit to Risk Management, Doyle Administration Building, fax 442-2169. This form is available in the school office or at <https://staff.madison.k12.wi.us/schools/workers-compensation>

If this assault caused blood or body fluid exposure, **report the incident** to the school nurse and/or supervisor by the end of the day on which the incident occurred.

**THE ASSAULT OCCURRED:**

- ATTEMPTING TO RESTRAIN A STUDENT
- ASSAILANT WAS VERBALLY ABUSIVE
- DEFENDING YOURSELF/OTHERS
- INTERVENING IN AN ALTERCATION
- MAINTAINING ORDER
- WITHOUT WARNING
- WHILE ESCORTING
  - HANDS ON
  - NO HANDS ON

**CAUSE OF INJURY:**

- KICK
- CHOKE
- BITE
- SCRATCH
- PUNCH
- GRAB
- OTHER: \_\_\_\_\_
- OBJECT USED: \_\_\_\_\_

**CUES/WARNING SIGNS:** \_\_\_\_\_

**INJURY LOCATION:**

- HEAD                       FACE                       LEG/FOOT                       CHEST                       BACK
- ARM/HAND                       ABDOMEN                       GROIN                       HAIR

**INJURED PERSON SIGNATURE:** \_\_\_\_\_

**OTHER COMMENTS OR INFORMATION:** \_\_\_\_\_

**PRINCIPAL'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINCIPAL: ACTIONS TO BE TAKEN:**

- LESS THAN SUSPENSION       SUSPENSION       EXPULSION       UNKNOWN       N/A

**INSTRUCTIONS:** Make a copy of the completed form for your School's file and return the Original to the Security Office, Doyle 110. The Security Office will forward a copy to the Assistant Superintendent's Office.